



# Statutory Declaration of Common-law Union

(Dual signatures)

Social Insurance Number

## SECTION A - TO BE COMPLETED BY THE APPLICANT

Canada PROVINCE / TERRITORY OF _____	To Wit:	In the Matter of the <i>Canada Pension Plan</i> and the <i>Old Age Security Act</i> and In the Matter of Common-Law Union
---	---------	---

I, \_\_\_\_\_  
of the (City, Town, Village) of \_\_\_\_\_ county of \_\_\_\_\_ in the province / territory of \_\_\_\_\_

Solemnly Declare, that \_\_\_\_\_ name of common-law partner

and I have been living together for \_\_\_\_\_ number of years continuous year(s) from \_\_\_\_\_ YYYY-MM-DD to \_\_\_\_\_ YYYY-MM-DD

1. Are there children of the common-law union? This would include adopted children or children of one common-law partner to whom the other acts or has acted as a parent.  No  Yes **If yes, please provide the following information:**

The following is information on each child. (If more space is required, attach a separate sheet.)

First Name	Legal Family Name	Family Name commonly used	Date of Birth

2. My common-law partner and I:	a) Jointly signed a residential lease, mortgage or purchase agreement relating to a residence in which we both live(d). <input type="radio"/> Yes <input type="radio"/> No	b) Jointly owned property other than our residence. <input type="radio"/> Yes <input type="radio"/> No	c) Have/had joint bank, trust, credit union or charge card accounts. <input type="radio"/> Yes <input type="radio"/> No
---------------------------------	---	---	--

3A. I have life insurance on myself that names my common-law partner as beneficiary. <input type="radio"/> Yes <input type="radio"/> No	3B. My common-law partner has life insurance on him/herself that names me as beneficiary. <input type="radio"/> Yes <input type="radio"/> No
--	---

4. If none of the above sections apply, what other documentary evidence are you aware of that would support your conjugal relationship as common-law partners?

**I hereby declare that, to the best of my knowledge, the information on this declaration is true and complete. I realize that my personal information is governed by the *Privacy Act* and may be disclosed where authorized under the *Old Age Security Act* and the *Canada Pension Plan*.**

**NOTE:** If you make a false or misleading statement, you may be subject to an administrative monetary penalty and interest, if any, under the *Canada Pension Plan* or the *Old Age Security Act*, or may be charged with an offence. Any benefits you received or obtained to which there was no entitlement would have to be repaid.

Your Name (Please print) \_\_\_\_\_ Your Signature \_\_\_\_\_

Name of Common-law Partner (Please print) \_\_\_\_\_ Signature of Common-law Partner \_\_\_\_\_

**Was the form completed and signed by someone other than the applicant?**  
If yes, that person must complete the section below and submit proof that they are authorized to act on behalf of the client. Call us at 1-800-277-9914 to find out what documents are required.

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_ Telephone number \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Signature \_\_\_\_\_  
**X**

## SECTION B - TO BE COMPLETED BY THE COMMISSIONER FOR OATHS

Declared before me at \_\_\_\_\_, county of \_\_\_\_\_, name of city, town or village \_\_\_\_\_ county \_\_\_\_\_ in the province or territory of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ province or territory \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_

Name of Commissioner and Organization (Please print)	Signature of Commissioner	Commissioner Authority Number (if applicable)
--	---------------------------	---



Service  
Canada

# Service Canada Offices

## Old Age Security

### Mail your forms to:

The nearest Service Canada office listed below.

From outside of Canada: The Service Canada office in the **province where you last resided**.

### Need help completing the forms?

Canada or the United States: **1-800-277-9914**

All other countries: **613-990-2244** (we accept collect calls)

TTY: **1-800-255-4786**

**Important:** Please have your social insurance number ready when you call.

### NEWFOUNDLAND AND LABRADOR

Service Canada  
PO Box 9430 Station A  
St. John's NL A1A 2Y5  
CANADA

### PRINCE EDWARD ISLAND

Service Canada  
PO Box 8000 Station Central  
Charlottetown PE C1A 8K1  
CANADA

### NOVA SCOTIA

Service Canada  
PO Box 1687 Station Central  
Halifax NS B3J 3J4  
CANADA

### NEW BRUNSWICK

Service Canada  
PO Box 250 Station A  
Fredericton NB E3B 4Z6  
CANADA

### QUEBEC

Service Canada  
PO Box 1816 Station Terminus  
Quebec QC G1K 7L5  
CANADA

### ONTARIO

**For postal codes beginning with "L, M or N"**

Service Canada  
PO Box 5100 Station D  
Scarborough ON M1R 5C8  
CANADA

### ONTARIO

**For postal codes beginning with "K or P"**

Service Canada  
PO Box 2013 Station Main  
Timmins ON P4N 8C8  
CANADA

### MANITOBA AND SASKATCHEWAN

Service Canada  
PO Box 818 Station Main  
Winnipeg MB R3C 2N4  
CANADA

### ALBERTA / NORTHWEST TERRITORIES AND NUNAVUT

Service Canada  
PO Box 2710 Station Main  
Edmonton AB T5J 2G4  
CANADA

### BRITISH COLUMBIA AND YUKON

Service Canada  
PO Box 1177 Station CSC  
Victoria BC V8W 2V2  
CANADA

Disponible en français